

Arizona State Parks

Travel Expense Claim For Non-State Employees & Advisory Committee Members (To be Completed and Submitted Within One Week of Return From Travel)

Name: _____
 Street Address: _____
 City/ST: _____ Zip Code: _____
 SS# (Vendor Number): _____
 Purpose of Travel _____

Organization: _____
 Period Covered (Mo. & Yr.): _____
 License Plate # (Private V.): _____
 License Plate # (Gov. V.): _____
 Drivers License Number: _____

Mileage Rate
= 0.445¢

DATE	DEPARTED FROM	TIME	ARRIVED AT	TIME	ODOMETER		# OF MILES	MILES X RATE = \$	MEALS & INCIDENTAL	LODGING EXPENSES	OTHER EXPENSES	TOTAL EXPENSES
					START	END						
Receipts must be provided for all expenses (except mileage)					TOTALS >							

Doc # Pay Code COBJ

ACCOUNTING SUPERVISOR SIGNATURE

INDIVIDUAL

I certify that the above items of expense were incurred for authorized official state business; they are correct and proper charges; the private vehicle, if used is covered by liability insurance.

STATE PARKS

I certify that the above travel was authorized for official state business and payment thereof will not exceed appropriation allotment or other authorized funds.

SIGNATURE & DATE

SIGNATURE & DATE

Please ask for a W-9 form if you are not sure you have signed one for the State of Arizona. ASPB (REV 01/09)

